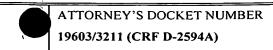
COMBINED DE RATION FOR PATENT APPLICATION A POWER OF ATTORNEY (Includes Reference to PCT International Applications)



As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

	I am the original, first and sole listed below) of the subject			ginal, first and joint inventor (if plural that on the invention entitled:		
	GENE CONTR	OLLING FRUIT SIZE A	ND CELL DIVISION IN	PLANTS		
the specif	ication of which (check only	one item below):				
[X]	is attached hereto.	is attached hereto.				
[]	was filed as U.S. Patent A (if applicable).	was filed as U.S. Patent Application Serial No on and was amended on (if applicable).				
[]		was filed as PCT International Application Number on and was amended under PCT Article 19 on (if applicable).				
	state that I have reviewed and nendment referred to above.	understand the contents of t	he above-identified specif	fications, including the claims, as amended		
	ledge the duty to disclose information (edge the duty to disclose information) [1.56(a)]		the patentability of this a	application in accordance with Title 37,		
any PCT below any other than	international application(s) do y application(s) for patent or	esignating at least one countri inventor's certificate or any l	ry other than the United S PCT international applicat	(s) for patent or inventor's certificate or tates listed below and have also identified ition(s) designating at least one country ag date before that of the application(s) of		
	PPLICATION(S) AND ANY	PRIORITY CLAIMS UND	DER 35 U.S.C. 119:			
G(IF	COUNTRY PCT, indicate "PCT") United States	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119		
ta }≟	United States	60/215,824	5-July-2000	[X] YES [] NO		
				[]YES[]NO		
				[]YES[]NO		
				[]YES[]NO		
				[]YES[]NO		
				[]YES[]NO		
				[]YES[]NO		
-				[]YES[]NO		

Page 1 of 2

COMBINER CLARATION FOR PATENT APPLICATION AND OWER OF ATTORNEY (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER 19603/3211 (CRF D-2594A)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT International filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS			STATUS (Check One)			
U.S. APPLICATION NUMBER		U.S. F	U.S. FILING DATE		PENDING	ABANDONED
PCT APF	PLICATIONS DESIGN	 NATING THE U	.S.			
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIA ASSIGNED	L NUMBERS (if any)			

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Michael L. Goldman, Registration No. 30,727; Joseph M. Noto, Registration No. 32,163; Ann R. Pokalsky, Registration No. 34,697; Gunnar G. Leinberg, Registration No. 35,584; Edwin V. Merkel, Registration No. 40,087; Georgia Evans, Registration No. 44,597; Alice Y. Choi, Registration No. 45,758

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2 0	FULL NAME OF INVENTOR	FAMILY NAME Tanksley	FIRST GIVEN NAME Steven	SECOND GIVEN NAME D.
	RESIDENCE &	CITY Ithaca	STATE/FOREIGN COUNTRY New York 14850	COUNTRY OF CITIZENSHIP United States
	POST OFFICE ≟ADDRESS	I I		STATE & ZIP CODE/COUNTRY New York 14850/USA
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE/FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	P.O. ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 (UNSIGNED)	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE